

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
101
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2	1		1			
3	1		1			
4	1		1			
5	4		1			
6	①		1			
7	①		1			
8	①		1			
9	1		1			
10			1			
11			1			
12			1			
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49						
50						
TOTAL IND.	5		5		5	
TOTAL DEP.		12		12	20	
TOTAL CLAIMS			17		25	

	IND.	DEP.	IND.	U.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						